

DAPA ADMIN SCREENING FORM

Servicemember name: _____

Social Security Number: _____

ADMINISTRATIVE SCREENING CHECKLIST		
Action	Date completed	Comments
Member identified		
Notify C.O. (if required)		
Collect medical/service record		
Page 9/10 delivered to member's supervisor		
Supervisor input returned		
DAAR submitted (within 30 days)		
Member appointment scheduled (member and supervisor notified)		
Member interview conducted		
C.O. notified of DAPA recommendations (if required)		
MTF appointment scheduled		
Member/supervisor notified of appointment and MTF requirements (uniform etc.)		
Admin screening form/records delivered to MTF		
Recommendations/diagnosis received from MTF		
C.O. notified of diagnosis		
Member notified on treatment program requirements		
Final DAAR submitted (upon member's completion of formal treatment)		
Continuing Care (Aftercare) Plan received (after member completes treatment)		
Initial Aftercare meeting held; member notified of Aftercare requirements		
Aftercare Exit interview completed		
<i>This checklist is only a guide. DAPAs must liaise with local MTF on specific requirements for the area.</i>		

DAPA ADMIN SCREENING FORM

Servicemember name _____

Drug and Alcohol Program Advisor Administrative Screening Form NAVPERS 5350/3 (4/00)

The information provided below will assist in determining the servicemember's need for intervention/treatment. A copy of this form must be forwarded to the MTF based on local MTF regulations. Attach additional sheets of paper, if needed, to ensure thoroughness of information.

Date administrative screening form completed: _____

Servicemember's name: Last _____

First _____

Middle initial _____

Rate/rank: _____ Sex: F____ M____

Birth date: _____ Age: _____

Command/UIC: _____

Command address: _____

Division/work center: _____ Phone number: _____

Supervisor name: _____ Phone number: _____

How was the DAPA made aware of the servicemember's possible problem?

Self-referral _____ Date member self-referred _____

Command-referral _____ Date command referral received _____

Incident referral _____ Date incident occurred _____

Substance involved? Alcohol _____ Illicit drug _____

If yes for illicit drug, what drug(s) is/are involved? _____

Was a Blood Alcohol Concentration (BAC) test conducted? _____ Results _____

DAPA name _____ **phone number** _____

NAVPERS 5350/3 (4/00)

DAPA ADMIN SCREENING FORM

Servicemember name _____

Was a urinalysis test conducted? _____ If yes, date conducted _____
(DAPA must maintain copy of positive urinalysis result while forwarding copy of results to MTF).

Describe, in detail, incident or facts of referral. (Attach additional paper if needed)

=====

Active duty service date _____ Delayed entry program _____

Time in service _____ EAOS _____

Date reported this command _____ PRD _____

Pre-service waiver? Y ___ N ___ If yes, provide details of waiver

=====

Single ___ Married ___ Separated ___ Divorced ___

Next of kin listed in service record _____

Additional comments:

=====

Highest grade completed: _____ Dates of high school: _____

GED: ___ If yes, date awarded: _____

Evidence of college? Yes / No Completion of degree: Yes / No Date completed _____

Date of most recent advancement/promotion: _____

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Date of reduction in paygrade: _____ From what paygrade: _____

Provide details of reduction in paygrade:

Previous duty station:

Location:

Reported:

Detached:

Evidence of previous drug or alcohol treatment? Yes___ No___

If yes, provide details:

History of disciplinary action:

Evidence of NJP or Captains Mast? If yes, provide details.

Courts Memoranda: If yes, provide details.

Evidence of civil arrests: If yes, provide details.

Unauthorized absences: If yes, provide details.

Additional comments on disciplinary history:

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM**Servicemember name** _____**Enlisted evaluations** (Officer Fitness Reports are not maintained in service record):

Past two (2) evaluations:

Command:**Date:****Type:**Professional knowledge:
(E1-E6)Professional expertise:
(E7-O6)Personal Job Accomplishment/
Initiative:
(E1-E6)Mission Accomplishment/
Initiative:
(E7-O6)Military Bearing/Character:
(E1-E6)Leadership:
(E7-O6)Individual Trait Average:
(E1-O6)

Alcohol or drug related entries? Yes / No If yes, provide details.

Command:**Date:****Type:**Professional knowledge:
(E1-E6)Professional expertise:
(E7-O6)Personal Job Accomplishment/
Initiative:
(E1-E6)Mission Accomplishment/
Initiative:
(E7-O6)Military Bearing/Character:
(E1-E6)Leadership:
(E7-O6)Individual Trait Average:
(E1-O6)

Alcohol or drug related entries? Yes / No If yes, provide details.

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM**Servicemember name** _____**Drug and Alcohol Education:**

Evidence of attendance at (list all that apply):

NASAP	Yes	No	NADSAP	Yes	No
PREVENT	Yes	No	PREVENT	Yes	No
ADAMS for Supervisors	Yes	No	ADAMS (Managers)	Yes	No
AWARE	Yes	No	Other training (GMT etc)	Yes	No

If yes to any course, provide details including date, location and if member attended due to alcohol related incident.

Security Clearance:

Downgraded _____ Removed _____ Access denied _____ Special handling _____

If any of these, describe circumstances:

Is DD Form 1966 located in service record? Yes / No

List prior civilian employment including dates of employment:

Pre-service arrests/charges/court actions/convictions (provide dates and description of circumstances):

Additional information found on DD Form 1966:

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Medical Record Review:

1. Has servicemember been treated for any injuries/accidents/fights that could be alcohol related? If yes, describe event and provide dates.

2. Has servicemember been tested by medical for a BAC? If yes, provide details of reason including dates and outcome.

3. Does the record show a pattern of:

Stomach ailments	Yes	No
Dizziness/loss of memory	Yes	No
Frequent minor illnesses or injuries	Yes	No
Repeated prescriptions written for sedatives, painkillers, diet pills, etc.	Yes	No

If yes, provide details:

4. Does the record show any previous visits or referrals to:

Psychologist/psychiatrist/fleet mental health	Yes	No
Family Advocacy	Yes	No
Navy Alcohol Rehabilitation Center/Department (ARC/ARD)	Yes	No
Substance Abuse Rehabilitation Department (SARD)	Yes	No
Counseling and Assistance Center (CAAC)	Yes	No
Family Service Center Counselor (or equivalent)	Yes	No

If yes, provide date, reason and facility:

Additional comments:

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM

Servicemember name_____

Summary of review:

Commanding Officer comments (if desired):

DAPA name_____ **phone number**_____

DAPA ADMIN SCREENING FORM

Servicemember name _____

Supervisor Input Form:

To:

(Supervisor name/work center/division)

Subj: ADMINISTRATIVE SCREENING IRT

(Servicemember rate/rank, name, work center/division)

1. Subject servicemember is being administratively screened. Your input is extremely important in helping the commanding officer and medical treatment facility staff in making the appropriate recommendation and diagnosis of a possible alcohol or drug problem.

2. How long have you supervised this member?

3. Please place a check next to the word in each category that best describes the servicemember in the past 12 months:

a. Military performance:

Superior	Adequate	Improving
Excellent	Substandard	Declining

b. Work performance:

Superior	Adequate	Improving
Excellent	Substandard	Declining

c. Uniform/military appearance:

Superior	Adequate	Improving
Excellent	Substandard	Declining

d. Relationships with peers and superiors:

Superior	Adequate	Improving
Excellent	Substandard	Declining

Please provide additional comments about the above markings:

DAPA name _____ **phone number** _____

DAPA ADMIN SCREENING FORM**Servicemember name** _____

- | | | |
|---|-----|----|
| e. Has remedial counseling been conducted in the past 12 months? | Yes | No |
| f. Has servicemember received NJP or other disciplinary action during the previous 12 months? | Yes | No |
| g. Are you aware of any civil actions or referrals for family or financial counseling that have occurred in the previous 12 months? | Yes | No |
| h. Are you aware of any previous/additional alcohol or drug problems? | Yes | No |
| i. Does this member have a history of Monday or Friday absences, sick call visits or tardiness to work? | Yes | No |
| j. Is this member the first to arrive or the last to leave? | Yes | No |
| k. Does this member take unusually long lunch breaks on a routine basis? | Yes | No |

If you marked *Yes* for *e, f, g, h, i* or *j* please explain in detail.

4. If you had a choice would you want this servicemember to continue working for you? Yes No

Provide details on why or why Not.

5. Please complete and return this form No later than _____, (date required)
to _____, located in _____.
(DAPA's name) (Room/bldg/compartment number)
If using internal mail, please place in sealed envelope. If you have any questions, I can be reached at _____.
(Telephone) (DAPA signature/date)

(Supervisor signature and date)

DAPA name _____ **phone number** _____